

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026888

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 328  
FILED JUN 25 1963

Primary Registration District No. 4485

Registrar's No. 17

VS 300  
Rev. 4/59

1 1000

2 1000

3

4 0

5 0

6

7 0

8 0

9 4200

10

11

12 71-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SCOTT CITY</b>		c. CITY OR TOWN <b>SCOTT CITY</b>	
Length of stay in lb <b>3 1/2 YRS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST JOSEPH RECTORY</b>		d. STREET ADDRESS (If outside, give location) <b>SCOTT CITY</b>	
3. NAME OF DECEASED (Type or print) <b>RAYMOND PATRICK SLAY</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>19</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 16, 1913</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PRIEST</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ROMAN CATHOLIC CHURCH</b>	9. AGE (last birthday) <b>50</b>
11a. FATHER'S NAME <b>JOSEPH R. SLAY</b>		12. CITIZEN OF WHAT COUNTRY <b>USA.</b>	
13a. MOTHER'S MAIDEN NAME <b>MONITTIA ELIAS</b>		14. NAME OF HUSBAND OR WIFE <b>MICHAEL SLAY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>MISSOURI</b>	
17. INFORMANT <b>ST LOUIS, MO.</b>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE PULMONARY EDEMA.</b> DUE TO (b) <b>MYOCARDIAL INFARCTION</b> DUE TO (c) <b>ARTERIOSCLEROTIC HEART DIS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>4:45</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>ST LOUIS, MO.</b>
21. I attended the deceased from <b>12-23-60</b> to <b>6-19-63</b> and last saw him/her alive on <b>6-19-63</b> Death occurred at <b>4:45</b> A m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Robert L. Pappan MD</b>	
22b. ADDRESS <b>ILL MO, MO</b>		22c. DATE SIGNED <b>6-21-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JUNE 24, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>ST LOUIS COUNTY, MO</b>
24. FUNERAL DIRECTOR <b>BISPLINGHOFF FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>JUNE 22 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs Fred Bisplinghoff</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG 1 1963  
JUL 3 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Oliver P. Smith*

Licensed Embalmer No. 4470

P. O. Address Illmo. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.